

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

RECEIVED  
MAY 16 2008

**COMMITTEE NAME** (Must be same as on Statement of Organization)

MARTHA MARTINSON FOR COUNTY AUDITOR

**IMPORTANT:** Indicate by # type of committee you are reporting for: 5  
( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

MARTHA MARTINSON

Political Party (if applicable)  
REPUBLICAN

Office Sought

COUNTY AUDITOR

District (if Senate or House)

<b>FORM</b> <b>DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE</b> <b>REPORT</b>
<b>For Office Use Only</b>	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Martha Martinson  
SIGNATURE OF PERSON FILING REPORT

563-382-3210  
TELEPHONE

5-16-08  
DATE SIGNED

I AM FILING A MAY 19, 2008

(report date)

REPORT FOR (1) ELECTION //(2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election  
JUNE 3, 2008  
County & Local Committees, enter County in  
which Election is held  
WINNESHIEK

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

0.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see In-kind below)

2,445.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

2,445.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

2,231.09

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

213.91

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

0.00

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

387.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

IA ETHICS AND  
CAMPAIGN DISCLOSURE **Set Form**

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

2008 MAY 16 PM 4: 22

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

MARTHA MARTINSON FOR COUNTY AUDITOR

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
2-26-08	ID# CK#	MARTHA MARTINSON 403 TWIN VIEW DR DECORAH IA 52101	SELF	\$25.00	<input type="checkbox"/>
2-28-08	ID# CK#	KEITH BRUENING 1203 LINDEN ST DECORAH IA 52101		50.00	<input type="checkbox"/>
3-4-08	ID# CK#	LYNETTE HENRY 1805 HERITAGE RD DECORAH IA 52101	NIECE	40.00	<input type="checkbox"/>
3-4-08	ID# CK#	GREG VICK 1825 TROUT RUN RD DECORAH IA 52101		100.00	<input type="checkbox"/>
3-4-08	ID# CK#	MARK MRACEK 812 MECHANIC ST DECORAH IA 52101		25.00	<input type="checkbox"/>
3-5-08	ID# CK#	DELORES HOVDEN 2783 MADISON RD DECORAH IA 52101		200.00	<input type="checkbox"/>
3-5-08	ID# CK#	SHERRY BACHELDER 2788 US HWY 52 DECORAH IA 52101		50.00	<input type="checkbox"/>
3-6-08	ID# CK#	MARY HENRY 509 GOOSE ISLAND DR DECORAH IA 52101	MOTHER	100.00	<input type="checkbox"/>
3-6-08	ID# CK#	DAVID J HANSON 2529 RIVER RD DECORAH IA 52101		50.00	<input type="checkbox"/>
3-7-08	ID# CK#	JEFF HOLLAND 2092 HWY 9 WEST DECORAH IA 52101		75.00	<input type="checkbox"/>
SUB-TOTAL				\$ 715.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3  
(for Schedule A)

For Instructions, See Back of Form

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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

MARTHA MARTINSON FOR COUNTY AUDITOR

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3-7-08	ID# CK#	JIM CASPER 804 POLE LINE RD DECORAH IA 52101		\$50.00	<input type="checkbox"/>
3-10-08	ID# CK#	DONNA HENRY 1971 SKYLINE VIEW RD DECORAH IA 52101	SISTER-IN-LAW	100.00	<input type="checkbox"/>
3-14-08	ID# CK#	DEBRA MONSON 109 MONROE ST DECORAH IA 52101		25.00	<input type="checkbox"/>
3-16-08	ID# CK#	SUSANNE GERARD 5808 BELLE AVE DAVENPORT IA 58207	SISTER	50.00	<input type="checkbox"/>
4-08-08	ID# CK#	DEBRA MONSON 109 MONROE ST DECORAH IA 52101		25.00	<input type="checkbox"/>
4-08-08	ID# CK#	JAMES DOUGHERTY 2396 MIDDLE CALMAR RD DECORAH IA 52101		50.00	<input type="checkbox"/>
4-14-08	ID# CK#	DEBRA MONSON 109 MONROE ST DECORAH IA 52101		25.00	<input type="checkbox"/>
4-25-08	ID# CK#	DEBRA MONSON 109 MONROE ST DECORAH IA 52101		25.00	<input type="checkbox"/>
4-25-08	ID# CK#	KATHY GUNDERSON 29507 HARDING RD POSTVILLE IA 52162		50.00	<input type="checkbox"/>
4-26-08	ID# CK#	JOSEPH HENRY 2279 SCENIC RIVER RD DECORAH IA 52101	BROTHER	100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 500.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)**

MARTHA MARTINSON FOR COUNTY AUDITOR

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
4-29-08	ID# CK#	DEAN DARLING 3735 PRAIRIE SPRING RD DECORAH IA 52101		\$50.00	<input type="checkbox"/>
5-02-08	ID# CK#	KELLY BACHELDER 1117 NORDIC DR DECORAH IA 52101		250.00	<input type="checkbox"/>
5-02-08	ID# CK#	MARTHA MARTINSON 403 TWIN VIEW DR DECORAH IA 52101	SELF	500.00	<input type="checkbox"/>
5-008-08	ID# CK#	MARTHA MARTINSON 403 TWIN VIEW DR DECORAH IA 52101	SELF	200.00	<input type="checkbox"/>
5-14-08	ID# CK#	GEORGIANN SCHWEINEFUS 1010 S MECHANIC ST DECORAH IA 52101		25.00	<input type="checkbox"/>
5-2008	ID# CK#	UNITEMIZED CONTRIBUTIONS FOR THE PERIOD		205.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1230.00	
TOTAL (If last page of this schedule)				\$ 2445.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

MARTHA MARTINSON FOR COUNTY AUDITOR

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3-11-08	ID# CK#	DECORAH BANK & TRUST 202 E WATER ST DECORAH IA 52101	CHECKS ORDERED	\$ 11.50
3-19-08	ID# CK#	COPYLAND 224 W WATER ST DECORAH IA 52101	CAMPAIGN BUTTONS	26.75
3-27-08	ID# CK#	LETTER WERKS 2957 US HWY 52 DECORAH IA 52101	CAMPAIGN SIGNS	697.64
4-02-08	ID# CK#	COPYLAND 224 W WATER ST DECORAH IA 52101	CAMPAIGN BUTTONS	46.28
4-28-08	ID# CK#	STOREY KENWORTHY 1014 S MILL ST DECORAH IA 52101	ADDRESS LABELS	10.69
5-02-08	ID# CK#	US POSTMASTER HEIVLY ST DECORAH IA 52101	POSTAGE FOR CAMPAIGN MATERIAL	754.00
5-06-08	ID# CK#	LETTER WERKS 2975 US HWY 52 DECORAH IA 52101	CAMPAIGN SIGNS AND CARDS	567.10
5-08-08	ID# CK#	COPYLAND 224 W WATER ST DECORAH IA 52101	CAMPAIGN BROCHURES	117.13
SUB-TOTAL				\$ 2231.09
TOTAL (If last page of this schedule)				\$ 2231.09

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)  
 MARTHA MARTINSON FOR COUNTY AUDITOR



SCHEDULE <b>E</b> (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
2-17-2008	PETERSON PHOTOGRAPHY 114 WINNEBAGO ST DECORAH IA 52101		CAMPAIGN PHOTO	\$ 225.00	<input type="checkbox"/>
5-1-08	JEFFREY CRONIN 4036 STANDISH AVE MINNEAPOLIS MN 55407	COUSIN	4x8 SIGN	162.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 387.00	
TOTAL (If last page of this schedule)				\$ 387.00	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.